

<b>ORDER FOR SUPPLIES OR SERVICES</b>										Page 1 Of 5		
<b>1. Contract/Purch Order/Agreement No.</b>  DAAE20-03-P-0040			<b>2. Delivery Order/Call No.</b>		<b>3. Date Of Order/Call (YYYYMMDD)</b>  2002NOV07		<b>4. Requisition/Purch Request No.</b>  SEE SCHEDULE			<b>5. Priority</b>  DOA5		
<b>6. Issued By</b> TACOM-ROCK ISLAND AMSTA-LC-CFA-B RITA NELSON (309)782-4858 ROCK ISLAND IL 61299-7630  EMAIL: NELSONR@RIA.ARMY.MIL				<b>Code</b> W52H09	<b>7. Administered By (If other than 6)</b> DCMA PHILADELPHIA 700 ROBBINS AVENUE BLDG 4-A PO BOX 11427 PHILADELPHIA PA 19111-0427				<b>Code</b> S3915A	<b>8. Delivery FOB</b>  <input type="checkbox"/> Destination <input checked="" type="checkbox"/> Other  (See Schedule if other)		
<b>9. Contractor</b>  • YOST EDWARD W CO 340 N WALES RD P O BOX 2136 BLUE BELL PA 19422-0810  •  • TYPE BUSINESS: Other Small Business Performing in U.S.			<b>Code</b> 8H739	<b>Facility</b>	<b>10. Deliver To FOB Point By (Date) (YYYYMMDD)</b>  SEE SCHEDULE			<b>11. X If Business Is</b> <input checked="" type="checkbox"/> Small <input type="checkbox"/> Small Disadvantaged <input type="checkbox"/> Woman-Owned				
<b>12. Discount Terms</b>  Net 30 Days			<b>13. Mail Invoices To the Address in Block</b> See Block 15									
<b>14. Ship To</b> SEE SCHEDULE			<b>Code</b>	<b>15. Payment Will Be Made By</b> DFAS COLUMBUS CENTER NORTH ENTITLEMENT OPERATIONS PO BOX 182266 COLUMBUS OH 43218-2266				<b>Code</b> HQ0337	<b>Mark all Packages and Papers with Identification Numbers in Blocks 1 and 2</b>			
<b>16. Type of Order</b>	<b>Delivery/Call</b>	This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract.										
		Reference your <input type="checkbox"/> Oral; <input type="checkbox"/> Written Quotation DAAE2002T0291, Dated _____, furnish the following on terms specified herein.										
	Purchase	X	Acceptance. The Contractor Hereby Accepts The Offer Represented By The Numbered Purchase Order As It May Previously Have Been Or Is Now Modified, Subject To All Of The Terms And Conditions Set Forth, And Agrees To Perform The Same.									
Name Of Contractor			Signature			Typed Name And Title			Date Signed (YYYYMMDD)			
<input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:												
<b>17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE</b> SEE SCHEDULE												
<b>18. Item No.</b>		<b>19. Schedule Of Supplies/Service</b> SEE SCHEDULE CONTRACT TYPE: Firm-Fixed-Price			<b>20. Quantity Ordered/ Accepted*</b>		<b>21. Unit</b>		<b>22. Unit Price</b>		<b>23. Amount</b>	
		KIND OF CONTRACT: Supply Contracts and Priced Orders										
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.				<b>24. United States Of America</b>  /SIGNED/ By: MARY DONOVAN /SIGNED/ DONOVANM@RIA.ARMY.MIL (309)782-4895					<b>25. Total</b> \$33,750.00		<b>29. Differences</b>	
<b>26. Quantity In Column 20 Has Been</b>  <input type="checkbox"/> Inspected <input type="checkbox"/> Received <input type="checkbox"/> Accepted And Conforms To Contract Except As Noted  _____ Date Signature Of Authorized Govt Representative						<b>27. Ship. No.</b>  <input type="checkbox"/> Partial <input type="checkbox"/> Final		<b>28. D.O. Voucher No.</b>		<b>30. Initials</b>		
<b>36. I certify this account is correct and proper for payment</b>  _____ Date Signature And Title Of Certifying Officer						<b>31. Payment</b>  <input type="checkbox"/> Complete <input type="checkbox"/> Partial <input type="checkbox"/> Final		<b>32. Paid By</b>		<b>33. Amount Verified Correct For</b>		
										<b>34. Check Number</b>		
										<b>35. Bill Of Lading No.</b>		
<b>37. Received At</b>		<b>38. Received By</b>		<b>39. Date Received</b>		<b>40. Total Containers</b>		<b>41. S/R Account Number</b>		<b>42. S/R Voucher No.</b>		

<b>CONTINUATION SHEET</b>	<b>Reference No. of Document Being Continued</b> <b>PIIN/SIIN</b> DAAE20-03-P-0040 <b>MOD/AMD</b>	<b>Page</b> 2 <b>of</b> 5
<b>Name of Offeror or Contractor:</b> YOST EDWARD W CO		

SUPPLEMENTAL INFORMATION  
PHOSPHATE COATING PROCEDURES ARE REQUIRED IN ACCORDANCE WITH MIL-DTL-16232. IT IS REQUESTED THAT PROCEDURES BE SUBMITTED FOR APPROVAL  
WITHIN SIX WEEKS AFTER DATE OF AWARD.

\*\*\* END OF NARRATIVE A 006 \*\*\*  
THIS AWARD IS MADE WITHOUT FIRST ARTICLE TEST REPORT.

\*\*\* END OF NARRATIVE A 010 \*\*\*

CONTINUATION SHEET	Reference No. of Document Being Continued PIIN/SIIN DAAE20-03-P-0040 MOD/AMD	Page 3 of 5
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Name of Offeror or Contractor: YOST EDWARD W CO

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0001	<p>SUPPLIES OR SERVICES AND PRICES/COSTS</p> <p><u>Supplies or Services and Prices/Costs</u></p> <p><u>PRODUCTION QUANTITY WITHOUT FIRST ARTICLE/OV</u></p> <p>NSN: 1015-01-295-2444 NOUN: ELEVATING MECHANISM FSCM: 19206 PART NR: 12900901 SECURITY CLASS: Unclassified PRON: M121F437M1 PRON AMD: 02 ACRN: AA AMS CD: 060011HRATM</p> <p><u>Packaging and Marking</u></p> <p><u>Inspection and Acceptance</u> INSPECTION: Origin ACCEPTANCE: Origin</p> <p><u>Deliveries or Performance</u> DOC SUPPL <u>REL CD MILSTRIP ADDR SIG CD MARK FOR TP CD</u> 001 W52H092010A614 W25G1U J 1 <u>DEL REL CD QUANTITY DEL DATE</u> 001 5 21-MAY-2003</p> <p>FOB POINT: Destination</p> <p>SHIP TO: <u>PARCEL POST ADDRESS</u> (W25G1U) XU TRANSPORTATION OFFICER DDSP NEW CUMBERLAND FACILITY BUILDING MISSION DOOR 113 134 NEW CUMBERLAND PA 17070-5001</p> <p><u>CONTRACT/DELIVERY ORDER NUMBER</u> DAAE20-03-P-0040/0000</p>	5	EA	\$ 6,750.00000	\$ 33,750.00
0002	<p><u>Supplies or Services and Prices/Costs</u></p> <p><u>DATA ITEM</u></p> <p>SECURITY CLASS: Unclassified Contractor will prepare and deliver the technical data in accordance with the requirements, quantities and schedules set forth in the Contract Data Requirements Lists (DD Form 1423), Exhibit A. It is required that data items be delivered using electronic media. Refer to the DD Form 1423 for more specific electronic delivery information.</p> <p>A DD250 IS NOT REQUIRED</p> <p>(End of narrative B001)</p>			\$ ** NSP **	\$ ** NSP **

**Name of Offeror or Contractor:** YOST EDWARD W CO

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
	<u>Inspection and Acceptance</u> INSPECTION: Origin      ACCEPTANCE: Destination				

Name of Offeror or Contractor: YOST EDWARD W CO

CONTRACT ADMINISTRATION DATA

										JOB				
LINE	PRON/	OBLG								ORDER	ACCOUNTING	OBLIGATED		
<u>ITEM</u>	<u>AMS CD</u>	<u>ACRN</u>	<u>STAT</u>	<u>ACCOUNTING CLASSIFICATION</u>						<u>NUMBER</u>	<u>STATION</u>	<u>AMOUNT</u>		
0001AC	M121F437M1	AA	2	97	X4930AC9G	6D	26FB	S11116			W52H09	\$	33,750.00	
060011HRATM														
											TOTAL	\$	33,750.00	
SERVICE										ACCOUNTING		OBLIGATED		
<u>NAME</u>	<u>TOTAL BY ACRN</u>		<u>ACCOUNTING CLASSIFICATION</u>							<u>STATION</u>	<u>AMOUNT</u>			
Army	AA		97	X4930AC9G	6D	26FB	S11116			W52H09	\$	33,750.00		
											TOTAL	\$	33,750.00	